

## City of Midwest City

## Application for Circus or Carnival

Applicant Name:					
Address:					
Street	City	,	State		Zip
Phone #:	DOB:		Social Secu	rity #:	
Email Address:					
Drivers License#:		State:	Ехр	Date:	
Company Name:					
Company Address:					
	Street	City	State	Zip	
Company Phone #:	any Phone #: Co		ontact:		
Fed Tax ID #:	OK	Sales Tax #:		Ехр:	
Date(s)of CIRCUS/CA	RNIVAL		то		
Location of CIRCUS/C	CARNIVAL:				
Property Owner's Nan	ne:				
Property Owner's Add	ress:				
	Street	City S	State Zi <sub>l</sub>	ρ	
Property Owner's Pho	ne #·				

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_

PERMIT NUMBER:	Issuing CLERK:
City Clerk: □ APRROVED □ DENIED	Signature:
Health License Required: □ YES □ NO	(\$25.00 FOR CITY HEALTH LICENSE)
Insurance Verification Provided: □ YES	□ NO
Letter of Permission from Property Own	er:   YES   NO